**BAKER BOTTS LLP**

# FEE TRANSMITTAL for FY 2001

*Patent fees are subject to annual revision.***TOTAL AMOUNT OF PAYMENT (\$)** 160**Complete if Known**

Application Number	09/444,459
Filing Date	11/22/1999
First Named Inventor	Bruce M. Cameron et al.
Examiner Name	Leary, Louise N.
Group Art Unit	1627
Attorney Docket No.	072874.0113

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JUL 14 2003  
TECH CENTER 1600/2900

METHOD OF PAYMENT		FEE CALCULATION (continued)	
<b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-2148 Deposit Account Name: Baker Botts LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>	
<b>2.</b> <input checked="" type="checkbox"/> <b>Payment Enclosed:</b> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity	Small Entity		
Fee (\$)	Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	
<b>SUBTOTAL (1)</b> (\$)		0	
<b>2. EXTRA CLAIM FEES</b>			
Total Claims: 20		Extra Claims: 0	
Independent Claims: 3		Fee from below: 0	
Multiple Dependent Claims: 0		Fee Paid: 0	
Large Entity	Small Entity		
Fee (\$)	Fee (\$)	Fee Description	
18	9	Claims in excess of 20	
84	42	Independent claims in excess of 3	
280	140	Multiple dependent claim, if not paid	
84	42	** Reissue independent claims over original patent	
18	9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b> (\$)		0	
*or number previously paid, if greater. For Reissues, see above			
		<b>Other fee (specify)</b>	
		<b>SUBTOTAL (3)</b> (\$)	
		160	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michelle M. LeCointe	Registration No. (Attorney/Agent)	46,861
Signature	<i>Michelle M. LeCointe</i>	Telephone	512.322.2581
		Date	July 8, 2003


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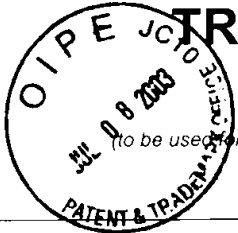
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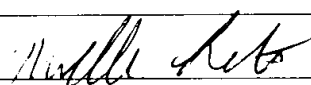
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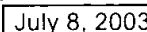
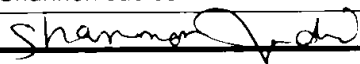
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 <b>TRANSMITTAL FORM</b>	<b>Application Number</b>	09/444,459
	<b>Filing Date</b>	11/22/1999
	<b>First Named Inventor</b>	Bruce M. Cameron et al.
	<b>Group Art Unit</b>	1627
	<b>Examiner Name</b>	Leary, Louise N.
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b>	072874.0113

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard and Check
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b> 	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Baker Botts LLP
Signature	 Att Name: Michelle M. LeCointe PTO Reg: 46,861
Date	July 8, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the U S Postal Service as Express Mail Label No. EV341125357US addressed to: Commissioner for Patents, PO Box 1450 Alexandria, VA 22313 on this date: 	
Typed or printed name	Shannon Judice
Signature	 Date: July 8, 2003

**BAKER BOTTS** LLP

Attorney Docket Number:

072874.0113

Title:           Methods and Compositions for Pain Management

Use Space Below for Additional Information: